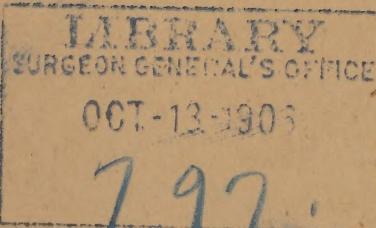


SCUDDER (C.L.)

The treatment of caries
of the ankle-joint —



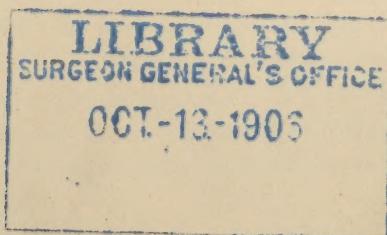
SCUDDER (C.L.)



THE TREATMENT OF CARIES OF THE ANKLE JOINT.

By CHARLES L. SCUDDER, M.D.
OF BOSTON.

Read at the Annual Meeting of the Massachusetts Medical Society,
June 9, 1896.



THE PRACTICAL USE OF THE

WATERFALL

BY JAMES H. DODD, M. D., PROFESSOR OF PHYSIOLOGY,

AND PHYSIOLOGICAL CHEMISTRY IN THE UNIVERSITY OF CALIFORNIA.

WITH A HISTORY OF THE DISCOVERY AND DEVELOPMENT OF THE

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THE TREATMENT OF CARIES OF THE ANKLE JOINT.

In the five minutes at my disposal I will present to you the facts regarding the operative treatment of caries of the ankle joint as accepted by the majority of Continental, English and American surgeons.

By caries of the ankle is understood a more or less chronic tubercular inflammation, starting in the astragalus, tibia or fibula and occasionally involving other bones of the tarsus —*i. e.*, a localized tuberculosis.

The great value of the treatment of caries of the joints by absolute immobilization and fixation is demonstrated beyond any doubt.

All cases of caries of the ankle should be first treated by the mechanical method unless operative interference is indicated by two things:

1. A failure of the general health.
2. Rapid progress in the local disease.

The moment that the non-operative or mechanical treatment is found inefficient, then an *operation* is demanded. Partial operations are of little value. Curetting and the burrdrill are contra-indicated. Complete excision of the diseased part (the entire bone being removed) is the very best operative procedure.

This is proved by the statistics of Culbertson, Hodges, Connor, Koslowski, Neuber and my own statistics of

eighteen cases reported from the records of the Children's Hospital, Boston, together with the evidence obtained from the records of private operators.

All operators advise complete excision of the diseased bone in *childhood*, because the duration of the disease is shortened, there is no mutilation of the foot, the general health improves immediately, there is no risk of sepsis, the danger of infection is removed, it is a safe operation, it will end the disease, and it will leave a serviceable limb.

In the case of adults partial operations are not valuable. If the expectant treatment fails amputation is necessitated.

Methods of excision.—The two lateral incisions are preferable—they expose the joint satisfactorily and no tendons are divided.

Note.—Two cases of caries of the ankle were exhibited which had been operated upon by excision of the astragalus four and five years previously. A perfectly useful ankle in each case exists to-day, with scarcely a perceptible limp.

